



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E409594**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00711
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 03 - 14 - 2015	0000	31		0664
N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/>		S <input type="checkbox"/> W <input type="checkbox"/> OF <input type="checkbox"/>		

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

72ND DR SE BLOCK NO. ☒ 818

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ OF (REFERENCE OR CROSS STREET)

☐ FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # AQN2392 STATE WA VIN# JNKC54E45M406430

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2005 MAKE INFI MODEL G35CP STYLE CP VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. DAVID WARTES 818 72ND DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO SAFECO H2203776 CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

OFFICER'S NAME (PRINT) DENNIS IRWIN BADGE OR ID # 105 AGENCY WA0311900



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E409594**

CASE # **15-00711**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Bases on UNIT #2 owner statement an unknown vehicle backed into his vehicle while it was parked in his driveway.

UNIT #2 owner claims vehicle was legally parked in his drivewau on the evening of 03/14/15 at about 2100 hours. UNIT #2 owner stated he found damage to vehicle when he returned to vehicle the following day at 1000 hours.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**DENNIS IRWIN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**03-18-15 05:53 PM**

DATED

PLACE SIGNED

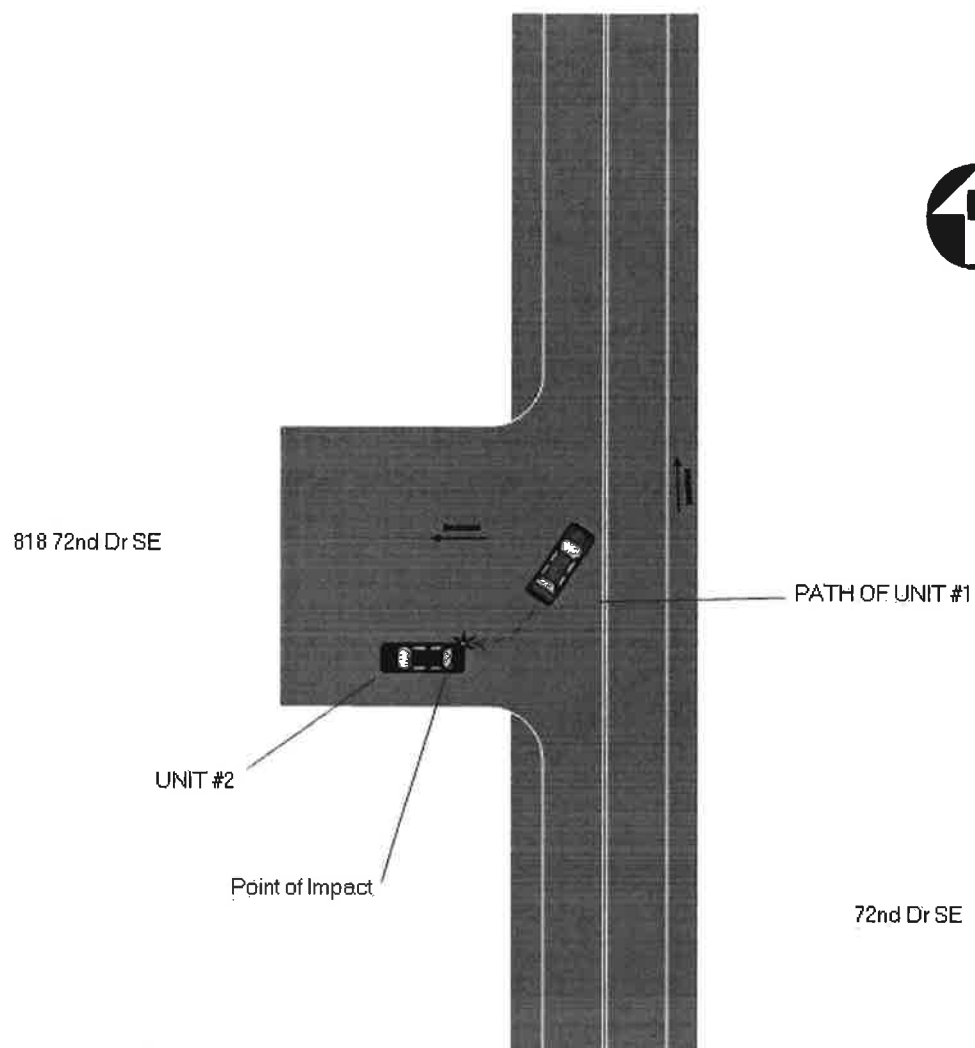
APPROVED BY

**KERRY BERNHARD 120**

DATE

**3/21/2015 5:05:14 AM**

BADGE OR ID #	<b>105</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:58 PM</b>	TIME POLICE ARRIVED	<b>3:04 PM</b>
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NOT TO SCALE

Incident History for: #SS15005273

Case Numbers: \$SS15000711

Entered 03/18/15 14:58:43 BY SPCT05 SP0373  
Dispatched 03/18/15 15:04:02 BY SPDP17 SP0297  
Enroute 03/18/15 15:04:02  
Onscene 03/18/15 15:04:02  
Closed 03/18/15 15:31:17

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397B-2 Group: SS1 Beat: SOUT

Src: T

Loc: 818 72 DR SE ,LKS btwn DEAD END & 9 ST SE (V)

Loc Info:

Name: WARTES, DAVID

Addr:

Phone: 4255304343

/1458 (SP0373) ENTRY ,PH, COLD HIT AND RUN, NS  
/1459 (SP0297) VIEWED  
/1504 DISPOS 19D1 [PH]  
#SS105 IRWIN, OFFICER (DENNIS)  
/1511 (SS105 ) REMINQ 19D1 MDTVEH, AQN2392,,WA,,,,,,,,,  
/1512 REMINQ 19D1 MDTWANT,,,,,,,,WA, WARTEDJ06108,,,,,,,,,  
/1514 (SP0297) ASNCAS 19D1 \$SS15000711  
/1531 CLEAR 19D1 D/H  
/1531 CLOSE 19D1

LSPD  
ORIGINAL